

**CRITERIA FOR PRIOR AUTHORIZATION**

Diclegis® (doxylamine succinate/pyridoxine hydrochloride)

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Doxylamine Succinate/Pyridoxine Hydrochloride (Diclegis)

**CRITERIA FOR DICLEGIS** Must meet all of the following:

- Patient must be pregnant
- Patient must have nausea and vomiting of pregnancy (i.e., morning sickness)
- Patient must not have responded to conservative management for nausea and vomiting of pregnancy
- Patient must not be taking a monoamine oxidase inhibitor (MAOI) concurrently
- Patient must not have a known hypersensitivity to doxylamine succinate, other ethanolamine derivative antihistamines, pyridoxine hydrochloride or any inactive ingredient in the formulation
- Patient must be 18 years of age or older
- Dose must not exceed 4 tablets per day

**LENGTH OF APPROVAL** 3 months